ZILKA-KOTAB, PC

NO. 2255 P. 1

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ZILKA-KOTAB

100 PARK CENTER PLAZA, SUITE 300 SAN JOSE, CA 95113 TELEPHONE (408) 971-2573 FAX (408) 971-4660

FAX COVER SHEET

Date:	March 13, 2006	Phone Number	Fax Number		
To:	Examiner Derwich		(571) 273-8300		
From:	Kevin J. Zilka				

Docket No.: NAI1P466/01.042.01 App. No: 09/911,765

Total Number of Pages Being Transmitted, Including Cover Sheet: 25

Message:		
Please deliver to Examiner Derwich.	•	
Λ_{I}		
Thank you		
Keyly J. Zilka		•

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3-tareti 13, 2006

ZILKA-KOTAB, PC

NO. 2255

P. 2

MAR 1 3 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re application of:) \
Muttik et al.) Art Unit: 2132
Application No. 09/911,765) Examiner: Derwich, Kristin M.
Filed: July 25, 2001) Date: March 13, 2006
For: ON ACCESS MALWARE SCANNING)))
I hereby centify the Patents, Albandria Signed	CERTIFICATE OF FACSIMILE this correspondence is being facsimile transmitted to the Commissioner for VA 22313-1450 at facsimile number: (571) 273-8300 on the above date. Erica L. Farlow
issioner for Patents	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 2233-1450

<u>مارت</u>

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously <u>Paid For</u>	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS		_45	06	X25 = \$	OR	X50 = \$300
INDEP CLAIMS	06	06	00	X100 = \$	OR	X200 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		so
			TOTAL	S		\$ <u>300.00</u>

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

Enclosed is our Check No. in the amount of ∑ to cover the additional claim fee and/or extension of time fees.

If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAIIP466). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted, Zilka-Kotab, PC

Registration No. 41,429

P.O. Box 721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

(Revisori 1/96)